

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>1. File Number U - <u>7865</u></p>	<p>2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u></p>
<p>3. Name and address of person filing.</p> <p>Name <u>Anthony A Aquilla</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>6727 SW 14th Ave.</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97219-4225</u></p>	<p>4. Name, file number, and address of labor organization.</p> <p>Name <u>Painters AFL-CIO Glass Workers Local 740</u></p> <p>Labor Organization File Number <u>040-272</u></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <u>11105 NE Sandy Blvd.</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97220-2555</u></p>
<p>5. Position in labor organization. <u>Trustee</u></p>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <hr/> <p>7.b. Amount.</p>

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8-9-05 503-244-1294
Date Telephone Number

City Portland State Oregon ZIP Code + 4 97220-2555	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 <small>(Continuing on reverse side of form)</small> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. The business provides training to apprentices and journeymen under a collective bargained agreement, of which the labor organization is a party to. Under the collective bargained agreement, the employers remit contributions to the business. <hr/> 11.b. Approximate dollar value of such dealing. \$46,181 12.a. Nature of interest held or income received. Wages received from the business for attending meetings. <hr/> 12.b. Amount. \$227
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.